

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000035301

1. Entity Name

SUNCOAST CAR MART, INC.

Principal Place of Business

5200 S. WASHINGTON AVE.
TITUSVILLE FL 32780

Mailing Address

5200 S. WASHINGTON AVE.
TITUSVILLE FL 32780

2. Principal Place of Business

1555 Semoran Blvd

3. Mailing Address

1555 Semoran Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Winter Park, FL

City & State

Winter Park, FL

Zip

32792

Country

USA

Zip

32792

Country

USA

6. Name and Address of Current Registered Agent

ANDERSON, RONALD W
5200 S. WASHINGTON AVE.
TITUSVILLE FL 32780

7. Name and Address of New Registered Agent

Name: Ronald W. Anderson
Street Address (P.O. Box Number is Not Acceptable): 1555 Semoran Blvd
City: Winter Park FL Zip Code: 32792

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/4/01

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE: P
NAME: SMITH, GARY R
STREET ADDRESS: 5200 S. WASHINGTON AVE.
CITY-ST-ZIP: TITUSVILLE FL 32780 ☒ Delete

TITLE: VS
NAME: DOWNING, ROBERT J
STREET ADDRESS: 5200 S. WASHINGTON AVE.
CITY-ST-ZIP: TITUSVILLE FL 32780 ☒ Delete

TITLE: V
NAME: SIEBEL, DONNA
STREET ADDRESS: 1555 Semoran Blvd
CITY-ST-ZIP: Winter Park, FL 32792 ☐ Delete

TITLE: V
NAME: ALVAREZ, JOSEPH
STREET ADDRESS: 5200 S WASHINGTON AVE
CITY-ST-ZIP: TITUSVILLE FL 32780 ☒ Delete

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: S
NAME: William Clover
STREET ADDRESS: 1555 Semoran Blvd
CITY-ST-ZIP: Winter Park, FL 32792 ☐ Change ☒ Addition

TITLE: CDP
NAME: James E. Ernst
STREET ADDRESS: 1555 Semoran Blvd
CITY-ST-ZIP: Winter Park, FL 32792 ☐ Change ☒ Addition

TITLE: AS
NAME: T.J. Falgout, III
STREET ADDRESS: 1555 Semiran Blvd
CITY-ST-ZIP: Winter Park, FL 32792 ☐ Change ☒ Addition

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

William Clover, Secretary William Clover, Secretary 4/4/01 (327)69-0834

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Apr 12, 2001 8:00 am
Secretary of State

04-12-2001 90665 001 *1,800.00

00543



DO NOT WRITE IN THIS SPACE

005687

CR2E034 (10/00)